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### FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION **SEC** 

Mail Processing Section

Washington, D.C 20549

FORM D

JAN 17 2008

NOTICE OF SALE OF SECURITIES

-PURSUANT TO-REGULATION-D,-

Washington, DC 107

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB Approval

OMB Number: 3235-0076 Expires: November 30, 2001

Estimated average burden hours per response ... 16.00

SEC USE	ONLY
Prefix	Serial
DATE RECI	EIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Loomis Sayles World Bond Trust Units of Participation	•
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Rule 506 □ Section	n 4(6)
Type of Filing: New Filing  Amendment	
A. BASIC IDENTIFICATION DATA	LIBBYN 88881 1879 8880 11878 4888 11878 4888 11878 4888 11878 4888 11878 4888 11878 4888 11878 4888 11878 4888
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Loomis Sayles World Bond Trust	
Address of Executive Offices (Number and Street, City, State, Zip Code) One Financial Center, Boston, MA 02111	Telephone 343-2029 343-2029
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) 15 Constitution Dr., Bedford, NH 03116	Telephone Number (Including Area Code) (800) 343–2029
Brief Description of Business	
Private investment trust	PROCESSE
Type of Business Organization	a c 0000
□ corporation □ limited partnership, already formed □	other (please specify): JAN 2 5 2008
■ business trust     □ limited partnership, to be formed     ■    ■    ■    ■    ■    ■    ■	A COLUCTIAL
Month Yes	
Actual or Estimated Date of Incorporation or Organization:	Actual Estimated FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	or State;
CN for Canada; FN for other foreign jurisdiction)	<u>NH</u>

#### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consistues a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-99) 1 of 8

TATBASICIDENTIFICATION DATES.	
2. Enter the information requested for the following:	* · * * · * · · · · · · · · · · · · · ·
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or</li> </ul>	more of a class of equity securities of the issuer.
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing part</li> </ul>	ners of partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>	
Check Box(es) that Apply:	ector General and/or Managing Partner
Full Name (Last name first, if individual) Loomis Sayles Trust Company, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One Financial Center, Boston, MA 02111	
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Dire	ector General and/or Managing Partner
Full Name (Last name first, if individual)	
Loomis, Sayles & Company, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One Financial Center, Boston, MA 02111	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	ector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	ector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	ector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	cctor General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	cctor General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as nec	essary)

B. INFORMATION ABOUT OFFERING		
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No <b>S</b> t
Answer also in Appendix, Column 2, if filing under ULOE.	Æ 00	
2. What is the minimum investment that will be accepted from any individual?	\$2,00	0,000
3. Does the offering permit joint ownership of a single unit?	Yes Ø	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, a commission or similar remuneration for solicitation of purchasers in connection with sales of securities in to offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SI and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	the , EC are	
Full Name (Last name first, if individual)  Not applicable		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer	·—····	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	ites	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]		
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	•	
(MT) [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
(Check All States of Check Individual States)		
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Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	ites	
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IRTI (SC) (SD) (TN) (TX) (UT) (VT) (VA) (WA) (WV) (WT) (WY) (PR)		

(Use blank sheet, or copy and use additional coopies of this sheet, as necessary) 3 of 8

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offer-		
ing, check this box \( \square\) and indicate in the column below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	<b>s</b>	<b>s</b>
Equity	\$	\$
□ Common □ Preferred		
Convertible Securities (including warrants).	\$	<b>s</b>
Partnership Interests	\$	\$
Other (Specify units of participation )		\$ <u>33,442,362</u>
Total	\$33,442,362	\$33,442,362
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	2	\$33,442,362
Non-accredited Investors.		\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs	🗖	\$
Legal Fees	<b>K</b> D	\$ <u>56,000</u>
Accounting Fees	🗖	s
Engineering Fees	🗖	\$ <u> </u>
Sales Commissions (Specify finder's fees separately)	🗖	s
Other Expenses (identify)		s
Total		\$56,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENS	ES	AND USE O	F PROCEEDS
b. Enter the difference between the aggregate offering price given in response to Par Question 1 and total expenses furnished in response to Part C-Question 4.a. This differ is the "adjusted gross proceeds to the issuer."	ence		•.
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to used for each of the purposes shown. If the amount for any purpose is not known, for an estimate and check the box to the left of the estimate. The total of the payments is must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Q tion 4.b. above.	mish isted		
		Payments to	
		Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		\$	3 \$
Purchase of real estate	. 🗆	\$	\$
Purchase, rental or leasing and installation of machinery and equipment	. 🗆	\$	) \$
Construction or leasing of plant buildings and facilities	.0	\$	] <b>\$</b>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger.  Repayment of indebtedness.  Working capital.  Other (specify) Acquisition of investment securities		\$ C \$ C	] \$ ] \$ ] \$
Other (specify) Acquisition of Hivestheir Securities		\$	s <u>33,442,3</u> 62
	. 🗖	\$	\$
Column Totals			\$ <u>33.442.3</u> 62
Total Payments Listed (column totals added)		⊠ s_	33,442,362
D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be signed by the undersigned duly authorized pers following signature constitutes an undertaking by the issuer to furnish to the U.S. Securitive equest of its staff, the information furnished by the issuer to any non-accredited investor pu	es and	d Exchange Com	mission, upon written
, ,		Date	
ssuer (Print or Type) Loomis Sayles World Bond Trust		January 15	, 2008

### **ATTENTION**

	E. STATE SIGNATURE			
	52 (c), (d), (e) or (f) presently subject to any of t		Yes	No KJ
See Appe	endix, Column 5, for state response.			
<ol><li>The undersigned issuer hereby undertakes Form D (17 CFR 239.500) at such times a</li></ol>	to furnish to any state administrator of any state in as required by state law.	which this notice is t	filed, a ne	otice on
<ol><li>The undersigned issuer hereby undertakes issuer to offerees.</li></ol>	to furnish to the state administrators, upon written	request, information	furnished	d by the
Limited Offering Exemption (ULOE) o	issuer is familiar with the conditions that must be of the state in which this notice is filed and under the of establishing that these conditions have been sa	erstands that the issu		
The issuer has read this notification and know undersigned duly authorized person.	s the contents to be true and has duly caused this no	otice to be signed on it	s behalf l	by the
Issuer (Print or Type) Loomis Sayles World Bond Trust	Signature	Date January 15,	2008	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	SAYLES THU	STCOM	npawy,

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

Intend to sell to Type of security non-accredited and aggregate investors in offering price Type of investor and state amound purchased in State (Part B-Item 1) (PartC-Item 1) (Part C-Item 2) (I	Disqualifunder: ULOE ( atta explanar waiver gi Part E-i	State if yes, ch tion of ranted)
non-accredited investors in State (Part B-Item 1) offered in state (Part C-Item 1)	ULOE ( atta explanat vaiver gi Part E-1	if yes, ch tion of ranted) Item 1)
non-accredited investors in State (Part B-Item 1) (PartC-Item 1) (PartC-Item 2) (IVEN CA)  State Yes No Integrate (Part C-Item 2) (IVEN CA)  AL AK  AZ X Participation 1 5,000,000  AR  CA - X Participation 1 28,442,362  CO CT	atta explanat vaiver gi Part E-l	ch tion of ranted) Item 1)  No
State (Part B-Item 1) (PartC-Item 1) (Part C-Item 2) (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	vaiver gr Part E-l	No
(Part B-Item 1)         (Part C-Item 2)         (I           State         Yes         No         Number of Accredited Investors         Number of Nonaccredited Investors         Amount         Amount         Amount         Amount         Amount         Amount         Yes         Amount         Yes         Amount         Yes         Amount         Yes         Yes         Amount         Yes	Part E-l	No X
Nonaccredited   Nonaccredited   Investors   Amount   Nonaccredited   Investors   Investors	Yes	Х
AL	Yes	Х
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## APPENDIX

1		2	3	- <u></u>		4			
1	1,,,,,,,	d to sell						Disqualification under State	
	1	a to sem to	Type of security					ULOE (if yes,	
	1	credited	and aggregate					attach	
		tors_in	offering_price			finvestor and		explanation of	
		tate	offered in state			urchased in State	:	waiver g	
	(Part B	8-Item 1)	(PartC-Item 1)		(Par	t C-Item 2)	I	(Part E-	ltem 1)
				Number of Accredited		Number of Nonaccredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
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